OMB Approval No. 0920-0428

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: • NEW _ Noncompeting Continuation _ Competing Continuation _ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE)	✔	
2. Proper Signature and Date on PHS-5161-1 "Certifications" page.	✔	
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs)	✔	
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
✔ Civil Rights Assurance (45 CFR 80)		08-13-1967
✔ Assurance Concerning the Handicapped (45 CFR 84)		08-13-1967
✔ Assurance Concerning Sex Discrimination (45 CFR 86)		08-13-1967
✔ Assurance Concerning Age Discrimination (45 CFR 90 and 45 CFR 91)		08-13-1967
5. Human Subjects Certification, when applicable (45 CFR 46)	•	_

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	•	_
2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	✔	
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE?	✔	
4. Have biographical sketch(es) with job description(s) been attached, when required?	•	_
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction	✔	

Programs), been completed and included?

6. Has the 12 month detailed budget been provided?	•	_
7. Has the budget for the entire proposed project period with sufficient detail been provided?	•	_
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	•	_
9. For Competing Continuation and Supplemental applications, has a progress report been included?	•	_

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

*** Name:**

Title:

Organization:

*** Address:** AFG

E-mail Address:

*** Telephone Number**

Fax Number:

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

00-0000000

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

*** Name:**

Title:

Organization:

*** Address:** AFG

E-mail Address:

*** Telephone Number**

Fax Number:

SOCIAL SECURITY NUMBER HIGHEST DEGREE EARNED

000-00-0000

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

✔	(a)	A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
✔	(b)	A copy of a currently valid Internal Revenue Service Tax exemption certificate.
✔	(c)	A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
✔	(d)	A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
✔	(e)	Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)* on *(Date)*